FAMILY & IMPLANT DENTISTRY

Financial Policy Acknowledgment

The following information is to inform you of our financial policy. If, at any time, you have questions regarding this policy please do not hesitate to ask any member of our business team.

We are committed to providing you with the highest quality of care and will communicate all recommended treatment options and associated fees, prior to the start of treatment. Our fees are a reflection of the quality of care we provide and payment in full is expected at the time of treatment. We offer a variety of financial options to enable you to receive the dental care you need. We accept cash, check, VISA, MasterCard, Discover, American Express and have partnered with CareCredit, a third-party company, to offer the flexibility of interest free/deferred interest financing and extended payment options. **Check policy**: **If your check is returned for any reason, we will electronically debit your account for the amount of the check plus a processing fee of $25.00.**

We are committed to respecting your time and ask that you make every effort to keep the appointment time reserved exclusively for you. We understand there may be times when you are unable to keep your scheduled appointment. **However, should you find it necessary to reschedule or cancel, we require a notice of 2 business days to avoid being charged a $25 appointment fee.**

As a courtesy to our patients with dental insurance, Family & Implant Dentistry will submit your claim and provide any necessary information to assist you in receiving your benefits. I/(We) understand that Family & Implant Dentistry is in no way an agent of my insurance carrier for the purpose of determining what may, or may not, be covered by my insurance contract. I/(We) understand and acknowledge my/our responsibility to pay any deductible amount, co-insurance or other balance due which my insurance carrier does not pay for or cover.

Children of Divorced Parents: The parent, or responsible party, accompanying a child(ren) for care is responsible for payment at the time of service. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent. Account statements for child(ren) will be sent to the guarantor on file when the patient was added into our system at first appointment.

Billing Policy and Fees

A delinquent account impedes our ability to provide you with the quality dental care that you deserve. All accounts with statement balances are subject to a 3% Billing Charge if payment is not received by the due date. If your account is referred to an outside source for collections, you will be responsible for additional costs including but not limited to: collection fees, attorney fee and court costs.

Patient/Parent/Guardian Signature_____ Date:_____

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